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Initial Submittal Date _____

Revision Date _____

Notification # _____ - _____

Kentucky Division for Air Quality
200 Fair Oaks Lane, 1st Floor
Frankfort, KY 40601
Phone (502)564-3999

DEP 7036 Rev. 10-08

****file form with Regional Office in region where project will be performed****

NOTIFICATION OF ASBESTOS ABATEMENT/DEMOLITION/RENOVATION

(Instructions for completing form on back)

OFFICE USE ONLY	
ID #	_____
LOG #	_____

Contractor _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Contact Person** _____

Owner _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Contact Person** _____

Project Location _____

Address _____

City _____ **County** _____ **Zip** _____

Facility Age (yrs.) _____ **Size of Facility or Affected Part (sq.ft.)** _____

#Floors Affected _____ **Present and Prior Use of Facility** _____

TYPE OF PROJECT (CHECK ONLY ONE):

Renovation ☐ Demolition ☐ Ordered Demolition ☐ Emergency ☐ Long-Term ☐

PROJECT DATES:

Start Removal _____ **End Removal** _____

Start Renov'n/Demol'n _____ **End Renov'n/Demol'n** _____

Amount of ACM to be Removed:

	Regulated ACM (RACM)	Category II nonfriable ACM (optional)	Category I nonfriable ACM (optional)
linear ft.			
square ft.			
cubic ft.			

Description of planned renovation/demolition, including abatement methods & demo/reno methods. _____

Description of affected facility components _____

Asbestos detection technique _____

Amount of Cat. I & II nonfriable ACM involved but will not be removed: _____

Describe **physical characteristics** that make it nonfriable and **methods** to keep it nonfriable (optional): _____

Describe **contingency plan** should nonfriable ACM become friable or additional ACM be uncovered during renovation/ demolition: _____

Transporter _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Disposal Site _____

Address _____

City _____ **State** _____ **Zip** _____

I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein (optional for strictly non-friable work).

Submitted by: _____

Company Name: _____